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INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

To Commissioner For Patents

Enclosed herewith is a Form PTO-1449, any required copies of documents listed thereon, and any concise explanation of their relevance is indicated below per 37 CFR 1.97.

Application Number	10/510,308
Filing Date	10/06/2004
First Named Inventor	David J. Woolgar, et.al.
Group Art Unit	2632
Examiner Name	
Attorney Docket Number	GB020039

☒ Please charge any required fee under §1.17(i) or §1.17(p) or any other required fee (except the issue fee) to Account No. 14-1270.

- ☐ I certify that these documents were first cited in any communication from a foreign Patent Office in a counterpart foreign application not more than three (3) months ago.
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☐ Applicant hereby petitions under §1.97(d) that this IDS be considered after final Action or Notice of Allowance, pays the fee under §1.17(p) as indicated below, and I certify 1. or 2. as indicated above.

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☐ A concise explanation of the relevance of each non-English document, as understood by the individual designated in §1.56(c) most knowledgeable about the contents, is enclosed per §1.98(a)(3).

The concise explanation of the relevance of any non-English document, as understood by the individual designated in §1.56(c) most knowledgeable about the contents, is that the document is/was (check one):

☒ cited in the specification or considered in drafting the specification of this application;

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☒ cited as an "X" or "Y" document in a foreign Patent Office search report in a foreign counterpart application, a copy of which report is also enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	EDWARD W. GOODMAN	Registration No. 28,613 (Attorney/Agent)	
Signature		Date	4/27/2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, P.O. BOX 1450 Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tel. # : _____ on the date below:

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